

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719136

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8	1					
9						
10						
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15	1					
16	1					
17		(1)				
18			1			
19				21		
20				2		
21				2		
22				2		
23				2		
24				2		
25			1			
26			1			
27			1			
28				1		
29				1		
30				2		
31				2		
32			1			
33			1			
34				2		
35						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	16		19			
TOTAL CLAIMS	22		25			

BEST AVAILABLE COPY

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS